	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 395448			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/28/2023	EY
BUCKTAII	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0000 F 0607 SS=D	Based on a Medicare/M Survey, State Licensure Compliance Survey, co it was determined that not in compliance with 42 CFR Part 483, Subp Long Term Care and the Commonwealth of Pen Licensure Regulations.	e Survey, and Civil Isompleted on April 28 Bucktail Medical Cethe following requirements art B, Requirements ae 28 PA Code, ansylvania Long Terr	Rights 8, 2023, enter was rements of s for m Care	F 0607	TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY
		395448			00	04/28/2023	
BUCKTAI	IVIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	T OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0607	Continued from page 1			F 0607			
SS=D	483.12(b)(1)-(5)(ii)(iii) Dev Policies §483.12(b) The facility mus policies and procedures that §483.12(b)(1) Prohibit and exploitation of residents and property, §483.12(b)(2) Establish pol investigate any such allegat §483.12(b)(3) Include traini §483.95,	st develop and implement: prevent abuse, neglect, a d misappropriation of res	nt written and sident		Employee #2 & 6 references called, and references verificated added to files. Abuse education provided for employee #3 March 9, 2023 employee #4 March 9, 2023. All New hires over the past months will be reviewed for completion of references. Rechecks will be completed on employees without complete reference checks.	or , and three	Completion Date: 05/19/2023 Status: APPROVED Date: 05/11/2023
	§483.12(b)(4) Establish cooprogram required under §48 §483.12(b)(5) Ensure report federally-funded long-term section 1150B of the Act. The must include but are not limed statement of the section 1150B(d)(5)(iii) Posting a rights, as defined at section \$483.12(b)(5)(iii) Prohibiting defined at section 1150B(d)	ting of crimes occurring care facilities in accorda The policies and procedunited to the following electrospicuous notice of et al. (2008) 1150B(d)(3) of the Act.	in unce with ures ements. mployee		Reference checks and educa abuse and neglect were added pre-employment checklist. Director of nursing and administrative secretary will all new employee application reference checks and abuse education on or before the fit of work. Follow through with obtaining references and completion of education has been added as Quality Indicator (QI) for the	ed to the Bothe the I monitor ns for irst day ng f abuse	

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	OF DEFICIENCIES AND RRECTION (POC)	identification number:		A. BLDG: _	00	COMPLETED: 04/28/2023	Y
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0607 SS=D	Continued from page 2 This REQUIREMENT is no	ot met as evidenced by:		F 0607	Quality Assurance (QA) programmer The Director of Nursing (DC) her designee and administrat secretary will monitor the coof new hire checklist until 10 compliance is maintained for months at which time the audie be random. The DON will re-	DN) or ive mpletion 00% r six (6) dits will	
					outcomes of the audits month the QA meeting.	hly at	

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00 B. WING: 04/28/2023		EY				
BUCKTAI	OVIDER OR SUPPLIER: IL MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0607	Continued from page 3			F 0607			
SS=D	Based on review of sel personnel records, and determined that the faci implement an abuse properties a thorough investigation of employees reviewed (In Findings include: The policy entitled "Al Reporting, and Investigation of January 25 residents have the right neglect, misappropriate corporal punishment, at The facility will provide recognition and assessed documentation of finding indicate that prior to the facility will obtain reference that the provides and alternatively, documentation of selections and alternatively.	staff interview, it was allity failed to develop ohibition policy that on of prospective emper four of five newly Employees 2, 3, 4, and buse Prevention, Recapting" last reviewed, 2023, revealed that it to be free from abution of resident proper and Involuntary seclude staff education regiment of potential abutings. The policy did not enter of employment of personal reference information from personal reference	as op and required ployee's hired and 6). cognition, divithout see, erty, usion. garding use and not cent, the compast or ees or,				

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OF DEFICIENCIES AND RECTION (POC)	` '				(X3) DATE SURVE COMPLETED:	EY
	395448				04/28/2023	
VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		1001 PINE ST	REET	IIP CODE:		
MUST BE PRECEEDE	D BY FULL REGULATORY OF		ID PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE
Continued from page 4			F 0607			
Review of Employee 2 record revealed that the December 30, 2022. E record did not reveal at representative attempted information from a formation from a format	's, nurse aide, person e facility hired them mployee 2's personn by evidence that a fact to obtain referencemer employer and/or eferences. 's, housekeeping, pere facility hired them mployee 3's personner efacility provided alto 2023, 72 days after eyee 3 had access to refacility hired them ployee 4's personnel to provided abuse ed lays after being hired	on nel cility e r current rsonnel on nel buse being esidents. sonnel on record ucation				
	SUMMARY STATEMENT MUST BE PRECEDED IDENTIFY Continued from page 4 Such reference information revealed that the December 30, 2022. E record did not reveal at representative attempte information from a form employer or personal record revealed that the December 27, 2022. E record revealed that the education on March 9, hired, and after Employee 4 record revealed that the January 24, 2023. Emprevealed that the January 24, 2023. Emprevealed that the January 24, 2023, 44 con March 9, 2023, 44 con M	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 4 such reference information. Review of Employee 2's, nurse aide, person record revealed that the facility hired them December 30, 2022. Employee 2's personn record did not reveal any evidence that a far representative attempted to obtain reference information from a former employer and/or employer or personal references. Review of Employee 3's, housekeeping, percord revealed that the facility hired them December 27, 2022. Employee 3's personn record revealed that the facility provided at education on March 9, 2023, 72 days after hired, and after Employee 3 had access to record revealed that the facility hired them January 24, 2023. Employee 4's personnel revealed that the facility provided abuse education on business and access to record revealed that the facility hired them January 24, 2023. Employee 4's personnel revealed that the facility provided abuse education on business and the facility provided abuse education on personnel revealed that the facility provided abuse education on personnel revealed that the facility provided abuse education on personnel revealed that the facility provided abuse education provided abuse education on personnel revealed that the facility provided abuse education provided abuse educat	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 4 such reference information. Review of Employee 2's, nurse aide, personnel record revealed that the facility hired them on December 30, 2022. Employee 2's personnel record did not reveal any evidence that a facility representative attempted to obtain reference information from a former employer and/or current employer or personal references. Review of Employee 3's, housekeeping, personnel record revealed that the facility hired them on December 27, 2022. Employee 3's personnel record revealed that the facility provided abuse education on March 9, 2023, 72 days after being hired, and after Employee 4's, maintenance, personnel record revealed that the facility hired them on January 24, 2023. Employee 4's personnel record revealed that the facility hired them on January 24, 2023. Employee 4's personnel record revealed that the facility hired them on January 24, 2023. Employee 4's personnel record revealed that the facility provided abuse education on March 9, 2023, 44 days after being hired, and	IDENTIFICATION NUMBER: 395448 STREET ADDRESS, CITY, STATE, 2 1001 PINE STREET RENOVO, PA 17764 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 4 F 0607 Review of Employee 2's, nurse aide, personnel record revealed that the facility hired them on December 30, 2022. Employee 2's personnel record did not reveal any evidence that a facility representative attempted to obtain reference information from a former employer and/or current employer or personal references. Review of Employee 3's, housekeeping, personnel record revealed that the facility hired them on December 27, 2022. Employee 3's personnel record revealed that the facility provided abuse education on March 9, 2023, 72 days after being hired, and after Employee 4's, maintenance, personnel record revealed that the facility hired them on January 24, 2023. Employee 4's personnel record revealed that the facility provided abuse education on March 9, 2023, 44 days after being hired, and	DENTIFICATION NUMBER: 395448 A BLDG:00	IDENTIFICATION NUMBER: 395448 STREET ADDRESS. CITY, STATE, JIP CODE 1001 PINE STREET RENOVO, PA 17764 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 0607 Continued from page 4 Such reference information. Review of Employee 2's, nurse aide, personnel record revealed that the facility hired them on December 30, 2022. Employee 2's personnel record did not reveal any evidence that a facility representative attempted to obtain reference information from a former employer and/or current employer or personal references. Review of Employee 3's, housekeeping, personnel record revealed that the facility hired them on December 27, 2022. Employee 3's personnel record revealed that the facility provided abuse education on March 9, 2023, 72 days after being hired, and after Employee 4's, maintenance, personnel record revealed that the facility bired them on January 24, 2023. Employee 4's personnel record revealed that the facility provided abuse education on March 9, 2023, 44 days after being hired, and

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	LIA		PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		395448		B. WING: _		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOREST TO THE ACTION THE ACTION THE ACTION THE ACTION TO THE A	OULD BE	(X5) COMPLETE DATE
F 0607	Continued from page 5			F 0607			
SS=D							
	Review of Employee 6 record revealed that the December 30, 2022. Expected did not reveal as representative attempted information from a formation from a format	e facility hired them imployee 6's personning evidence that a fact to obtain reference mer employer, a curreferences. If this information due to of Nursing on Action (3) Management	on ael cility e rent				
F 0697				F 0697			
SS=D							

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	TOF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEI ORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		395448				04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET		CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
F 0697	Continued from page 6			F 0697			
SS=D	483.25(k) Pain Managemen §483.25(k) Pain Manageme The facility must ensure that or residents who require suc professional standards of pra person-centered care plan, a preferences. This REQUIREMENT is not	nt. t pain management is pr h services, consistent w actice, the comprehensiv nd the residents' goals a	ith ve		Policy "Medication: Pain Management" was updated for mild moderate and severe to associated 1-10 scale based of currently used number pain is and PAINAD scale. All currorders were reviewed, and drof use of PRN medication battle 1-10 scales was included. All RN and LPN staff will be educated on the update police "Medication: Pain Management Monitoring of the physician for PRN administration of particular medication based on the obtation of the administering providing the appropriate PR based on the pain scale will be completed by the Director of Nursing or designee. Proper physician ordering an administration of PRN pain medication has been added a Quality Indicator (QI) for the Quality Assurance (QA) pro	include on the scale ent PRN irectives ased on l. e ey nent" orders ain ained ad follow g nurse RN be f	Completion Date: 05/19/2023 Status: APPROVED Date: 05/10/2023

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	OF DEFICIENCIES AND RECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED: A. BLDG:00		ΣΥ		
		395448		B. WING: _		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
F 0697	Continued from page 7			F 0697			
SS=D					The Director of Nursing (DC) her designee will monitor the pain medication orders and administration weekly until a documentation and administ at 100% for four (4) weeks to monitoring will be monthly (6) months at 100% at which audits will be random. The Exercise report outcomes of the audits monthly at the QA meeting.	e PRN all ration is hen until six n time the DON will	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		395448		B. WING:		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
F 0697	Continued from page 8			F 0697			
SS=D	Based on review of sel record review, and staft that the facility failed that the facility policy entity decided in the facility facility entity facility entity facility facil	f interview, it was do provide the highest oprovide the highest ing physician ordered two residents review that the facility in assessment tools it sity scale. It's and Wikipedia's doing scale from zero to was identified as zero one to three, moderato six, and severe paid 0.	etermined at the depain wed as Pain es on will including definition to 10 o, mild the pain in was				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 395448			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/28/2023	ΞY
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0697	Continued from page 9			F 0697			
SS=D	physician's orders for t	- 2					
	on March 29, 2023, Ac	ered on September 14, 2022, and disco March 29, 2023, Acetaminophen (Tyler) 500 milligrams (mg) by mouth (PO)					
	hours as needed (PRN) Grams in 24 hours.	-					
	Ordered on March 24, March 29, 2023, Trams every 6 hours PRN for	adol (for pain) 50 m	g PO				
	Review of Resident 19's March 2023 MAF (medication administration record, a form document medication administration) reve		to				
	staff administered the medicatons:	following PRN pain					
	March 27, 2023, at 5:0 mg 2 tablets PO every of 6.						
	March 27, 2023, 5:05 I	PM, Tramadol 50 mg	g one				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		395448			<u>w</u>	04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
F 0697	Continued from page 10			F 0697			
SS=D	tablet PO every 6 hour severe pain for a pain 1 Staff did not administe medications according scale level(s) nor did the medication pain administered both Ace the same day and same. The surveyor reviewed information during an Home Administrator at April 26, 2023, at 2:00 28 Pa. Code 211.12(c) services	evel of 6. Tr Resident 19's pain to the physician ord ney identify the over istration scales and taminophen and Tractime for moderate painterview with the New Ind Director of Nursi PM.	ered pain dapping madol on pain. fursing ng on				
F 0712				F 0712			
SS=D							

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	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLI NOF CORRECTION (POC) IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		395448				04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER EE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0712	Continued from page 11			F 0712			
SS=D	483.30(c)(1)-(4) Physician NPP §483.30(c) Frequency of ph §483.30(c)(1) The residents least once every 30 days for admission, and at least once §483.30(c)(2) A physician v occurs not later than 10 days required. §483.30(c)(3) Except as pro of this section, all required physician personally. §483.30(c)(4) At the option in SNFs, after the initial visi personal visits by the physic assistant, nurse practitioner accordance with paragraph of	ysician visits must be seen by a physithe first 90 days after every 60 thereafter. This is considered timely after the date the visit of the physician visits must be of the physician, require the may alternate between the may	ician at if it was 4) and (f) made ed visits n ician		Physician were alerted and c visits on all residents needing seen. Resident #2 was seen physician 4/27/23, Resident seen by physician on 4/13/23 resident #19 was seen by phy on 4/27/23. Because of the transition to a new medical dall current residents have been by the physician in April 202 Moving forward the Register Nurse Assessment Coordinat (RNAC) has prepared and we maintain a list of residents not seen by physician/nurse prace. The Director of Nursing and RNAC will maintain this list updating as needed. Timely physician visits have added as a Quality Indicator the facility Quality Assurance program. The Director of Nursing all residents are seen at the 30-60-90-day intervals and alternating between the physician in the physician wisits ensuring all residents are seen at the 30-60-90-day intervals and alternating between the physician in the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all residents are seen at the solution of the physician wisits ensuring all the	g to be by #5 was 3, and ysician director, en seen 23. red tor ill eeding etioner. /or it, been (QI) for ee (QA) ursing monitor	Completion Date: 05/19/2023 Status: APPROVED Date: 05/11/2023

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PRINTED: 6/8/2023 FORM APPROVED 2567-L

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 395448		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/28/2023	EY
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0712	Continued from page 12			F 0712			
SS=D					and Nurse Practioner. Audit occur monthly until 100% compliance for six (6) month		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 04/28/2023	EY
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
F 0712 SS=D	Based on clinical record it was determined that timely physician visits (Residents 2, 5, and 19). Findings included: Clinical record review physician completed a was no documentation physician's assistant conference of the days as required. Clinical record review physician completed a was no documentation of the days as required. Clinical record review physician completed a The next physician vising 92 days later. There we timely physician visit of the clinical record review she was initially admits.	for Resident 2 reveativisit on July 10, 202 that a physician or a simpleted another visit on months later. The mely physician visit for Resident 5 reveativisit on September 1 it was on December as no documentation every 60 days as required.	ensure s sampled aled a 22. There it until re was s every 60 aled a 15, 2022. 9, 2022, n of a uired. caled that	F 0712			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		395448		B. WING: _		04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0712 SS=D	admitted to the hospital then readmitted to the feature 2022. A physician's as the following dates: October 17, 24, and 25 November 16, 18, 23, and January 13, 2023 A physician visited Reference of months after her inition. There was no document physician completed and 19 prior to March 10, 20. There was no document physician completed and days for the first 90 days required. This surveyor reviewed Director of Nursing on AM. The Director of Nursing on AM. The Director of Nursing on AM.	facility on September sistant completed a sistant 2022 and 28, 2023 and 29, 2023	or 30, visit on 10, 2023, facility. ta a desident e erry 30 cs.	F 0712			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		395448				04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0712	Continued from page 15			F 0712			
SS=D	the physician visits we	re not timely.					
	28 Pa. Code 201.18 (e)	(3) Management					
	28 Pa. Code 211.2 (a)(d)(2) Physician serv	ices				
	28 Pa. Code 211.5(f)(h) Clinical records					
F 0812				F 0812			
SS=D							

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	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ N OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		395448 A. BLDG:00_ B. WING: 04/28/2023					
BUCKTAII	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602	OF DEFICIENCIES (EACH DE	STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE: PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTII		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE DATE	
F 0812 SS=D	Continued from page 16 483.60(i)(1)(2) Food Procurement,Store/Prepare/s §483.60(i) Food safety requ The facility must - §483.60(i)(1) - Procure food considered satisfactory by for authorities. (i) This may include food its producers, subject to applicate regulations. (ii) This provision does not from using produce grown is compliance with applicable practices. (iii) This provision does not consuming foods not procure \$483.60(i)(2) - Store, prepart accordance with professional safety. This REQUIREMENT is not	I from sources approved ederal, state or local ems obtained directly from the state and local laws prohibit or prevent facility gardens, subject safe growing and food-laws preclude residents from the ed by the facility.	om local or ities et to nandling	F 0812	Boxes on the floor of the war freezer were moved onto she the unit. Dietary staff will be educated about proper storage food items in the walk-in cooffreezer. Proper storage of food items walk-in cooler and freezer hadded as a Quality Indicator Quality Assurance program. Dietary manager will monito walk-in cooler and freezer of basis for proper storage of foi items and document findings. Dietary manager will report at the monthly Quality Assurance ing. Monitoring and rejuil continue until 100% cor is attained and maintained for (3) consecutive months, and then move to random monitor. Damaged ceiling tiles in the room and dry storage have breplaced.	elving in e ge of oler and in the as been for the or the n a daily ood s. findings rance porting mpliance or three will oring. dish	Completion Date: 05/26/2023 Status: APPROVED Date: 05/10/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		395448			<u></u>	04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0812	Continued from page 17			F 0812			
SS=D					Monitoring for damaged ceil in the kitchen areas has been as a Quality Indicator for the Assurance program. Dietary manager will survey room and dry storage for ceil damage on a weekly basis for damage and document findire. Dietary manager will report at the monthly Quality Assurance in Surveying and report will continue until 100% cortis attained and maintained for (3) consecutive months, and then move to random monitor. The rusted vent was removed sanded, painted, and replaced Monitoring for damaged/rus vents in the kitchen areas has added as a Quality Indicator Quality Assurance program. Dietary manager will survey kitchen areas for damaged/ruvents on a weekly basis and	the dish ling tile or ngs. findings rance orting inpliance or three will oring. d, d. ting is been for the	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	Y
		395448		B. WING:		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0812 SS=D	Continued from page 18			F 0812	document findings. Dietary manager will report at the monthly Quality Assumeeting. Surveying and report will continue until 100% cortis attained and maintained for (3) consecutive months, and then move to random monitor. Covers were placed on fluored lights in the dish room and bowere replaced. Monitoring for damaged light the kitchen areas has been as a Quality Indicator for the Quality Indicator for	rance orting mpliance or three will oring. escent rulbs nting in dded as uality the ghting nent findings	
					at the monthly Quality Assur meeting. Surveying and repo will continue until 100% cor is attained and maintained for	rance orting npliance	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		395448		B. WING:		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0812	Continued from page 19			F 0812			
SS=D					(3) consecutive months and v move to random monitoring.		

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,		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 395448		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 04/28/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0812	Continued from page 20			F 0812			
SS=D	Based on observation a determined that the face prepare food in a safe at the facility's main kitch. Findings include: An observation of the face 25, 2023, at 11:00 AM manager, revealed the face the directly on the floor in the face of the face	facility failed to store and sanitary environmen. facility's main kitcher with Employee 1, drollowing: were observed stored the walk-in freezer. rved in the corner of tiple dried brown startfood products were so the dish washing and handhine to be signing in several spots quid damage. A metal	en on April ietary d The dry ains, stored. rea were aificantly with the al vent in				

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PLAN OF CORRECTION (POC) IDENTIFICA		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		395448		B. WING: _		04/28/2023		
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE				
F 0812	Continued from page 21			F 0812				
SS=D	brown stains surroundi Two rows of fluorescer the dish washing room one set of two long bul another containing only missing, leaving the fl potential for physical c Employee 1 indicated t ceiling tiles had been th not indicate how long.	nt lighting were obset. There was no cover bs, and no cover over one long bulb with uorescent bulbs experient aminants upon but he light fixtures and here for some time be	erved in er over the other osed with reakage. stained out could					
	The above information was reviewed with the Nursing Home Administrator on April 26, 202 1:00 PM he was aware of water leaks in the building and was awaiting approval of a roof replacement.							
	28 Pa. Code 211.6 (c) I	Dietary services						
F 0842				F 0842				
SS=E								

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		395448			<u></u>	04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0842	Continued from page 22			F 0842			
SS=E	402.20(0/5) 402.70(1)(1)	C) Decile (December 11					Completion
	483.20(f)(5), 483.70(i)(1)-(5) Information	b) Resident Records - Id	entifiable		Assessments for residents 2,	3. 4. 5.	Date:
	information				7, 8, 9, 10, 11, 12, 14, and 19		05/26/2023
	§483.20(f)(5) Resident-iden				reviewed, signed, and locked	-	Status:
	(i) A facility may not release				signed and locked as needed Medical Doctor (MD) and P.	-	APPROVED Date:
	resident-identifiable to the p (ii) The facility may release				Assistant (PA) no later than	nysician	05/11/2023
	resident-identifiable to an ag		with a		05/12/2023.		
	contract under which the ag						
	disclose the information exc	ept to the extent the fac-	ility		All assessments for remainir	-	
	itself is permitted to do so.				residents were reviewed and unsigned and/or unlocked	all had	
	§483.70(i) Medical records.				assessments. Assessments for		
	§483.70(i)(1) In accordance				remaining residents will be s	-	
	standards and practices, the	•	nedical		and/or locked as needed no l than 05/12/2023.	ater	
	records on each resident tha (i) Complete;	t are-			than 03/12/2023.		
	(ii) Accurately documented;				On initial investigation, lock	ing	
	(iii) Readily accessible; and				assessments did not prohibit	-	
	(iv) Systematically organize	ed			amendments or edits. PCC t		
					support was able to demonst		
	§483.70(i)(2) The facility m	-			how to adjust settings to kee	-	
	information contained in the				from being altered once lock		
	regardless of the form or sto except when release is-	orage method of the reco	ras,		adjustment was made so that any assessment is locked, it of		
	(i) To the individual, or thei	r resident renresentative	where		be changed.	Camillot	
	permitted by applicable law	•	WILLIE		or mangea.		
	(ii) Required by Law;	,			MD and PA were educated of	on the	
	(iii) For treatment, payment	, or health care operation	ns, as		need to sign and lock all		
	permitted by and in complia	nce with 45 CFR 164.50	06;		"Assessments Medical Visits	s".	

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		395448				04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0842 SS=E	Continued from page 23 (iv) For public health activity or domestic violence, health and administrative proceedity organ donation purposes, recoroners, medical examiners a serious threat to health or compliance with 45 CFR 16 \$483.70(i)(3) The facility minformation against loss, des \$483.70(i)(4) Medical recording in Five years from the date requirement in State law; or (iii) For a minor, 3 years aftunder State law. \$483.70(i)(5) The medical regular (i) Sufficient information to (ii) A record of the resident' (iii) The comprehensive platic (iv) The results of any preadreview evaluations and dete State; (v) Physician's, nurse's, and	a oversight activities, judings, law enforcement purposes, or to search purposes, or unauthorized ds must be retained forced by State law; or of discharge when there er a resident reaches leg ecord must containidentify the resident; seasessments; or of care and services problems or the purpose of the search purpose of t	ticial arposes, to avert and in ecord duse. e is no all age ovided; resident of the ecord and the ecord are set to avert and in ecord duse.	F 0842	The Director of Nursing (DO designee will monitor the sig and locking of "Assessments Medical Visits" for compliant Signing of and locking of "assessments medical visits been added as a Quality Indi (QI) for the facility Quality Assurance (QA) program. The Director of Nursing (DON) of designee will monitor physics signing and locking of "Asse Physician Visits" Audits will monthly until 100% compliants in (6) months.	gning s nce. has cator he or her cian essment l occur	
	progress notes; and (vi) Laboratory, radiology a reports as required under §4	-	ices				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		395448				04/28/2023	
BUCKTAI	NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			CITY, STATE, Z REET . 17764	IIP CODE:		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0842	Continued from page 24			F 0842			
SS=E	This REQUIREMENT is no	ot met as evidenced by:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 395448				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/28/2023	ΞY			
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, CITY, STATE, ZIP CODE: 1001 PINE STREET RENOVO, PA 17764						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE			
F 0842	Continued from page 25			F 0842					
SS=E	Based on clinical record documents, and staff in that the facility failed that the facility failed that the facility failed that the facility failed that accurate clinical documers reviewed (Ref. 11, 12, 14, and 19). Findings include: Clinical record review medical visit notes in progression facility computerized dates of January 12, 20 that were still in progression for Resident 4 revealed March 6, 2023, that was the attending physician Clinical record review medical visit notes in Finder December 9, 2022, and still in progress and no	for Resident 4 reveal to maintain complete mentation for 12 of 1 desidents 2, 3, 4, 5, 7, and for Resident 4 reveal to mentation system of the second and for the sec	rmined and 2 8, 9, 10, lled the m) for the 2023, y the d review e dated ed by						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 395448		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0842	Continued from page 26			F 0842			
SS=E	attending physician. Further clinical record revealed progress notes dated February 2, 202 and January 13, 2023, that were still in progress not locked by the physician's assistant. Clinical record review for Resident 8 revealed medical visit notes in PCC for the dates of Fe 26, 2023, that was still in progress and not sign locked by the attending physician. Resident 8 had a medical visit note dated April 13, 2023, was still in progress and not locked by the attending physician. Further clinical record review reverprogress notes dated December 14, 2022, and March 14, 2023, that were still in progress and signed by the physician's assistant. Clinical record review for Resident 10 revealed medical visit note in PCC for the date of March 2023, that was still in progress and not signed locked by the resident's attending physician. clinical record review revealed medical visit attending physician.		gress and led February signed or at 8 also 23, that attending evealed and and not ealed a farch 8, aned or a. Further it notes 30,				

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0842 SS=E	Interview with the Direct 2023, at 9:30 AM reve are not signed and/or le have the potential to be access to PCC. Electronic clinical recorrevealed medical visits the resident's electronic visit dated February 3, revised by the physician dated April 10, 2023, with attending physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained" in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in progress, were not locked in the Clinical record review medical visits in the reduced physician remained "in prog	ector of Nursing on A aled that progress not be decked and still in progress and edited by staff that ord review for Resides, in the assessment see clinical record. A 2023, was created, and sur's assistant, a medical visit and although signed electronic record. for Resident 12 reversident assessments of April 10, 2023, were the physician, and a second content of the physician and a second content of the physician, and a second content of the physician and a second content o	ent 14 ection of medical and cal visit sed by ts ed, they	F 0842			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 395448		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/28/2023	ΞY		
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, CITY, STATE, ZIP CODE: 1001 PINE STREET RENOVO, PA 17764						
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
F 0842 SS=E	by the physician's assist The documents were stelectronic clinical record review medical visit assessme 13, 2023, created, and assistant, was signed, by visit dated April 10, 20 the attending physiciar and both remained "in Clinical record review medical visits in the assessment resident's electronic clinical record review medical visits in the assessment's electronic clinical record review medical visits in the assessment's electronic clinical record review medical visits in the assessment's electronic clinical registered by the attending February 26 was not significant was revised by a facility registered nurse. An a and revised by the physical registered nurse.	for Resident 9 reveault documentation on revised by the physicout not locked, and a 023, created and revise was not signed or loprogress." for Resident 3, reveault sessment section of inical record dated Dand April 13, 2023, g physician. The visual gned or locked, the red, and the visit on Eled or locked and shooty employee identified dditional medical visit on and the visit on and visit on	d in the aled a January cian's medical sed by ocked, aled the becember were sit for visit on December owed it ed as a sit created	F 0842					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0842 SS=E	Continued from page 29 3, 2023, was not locked. In an interview with the Administrator and Director 2023, at 1:10 PM the Example of the medical "complete" in the residence of as noted above, the ability to access an provider's medical visits 3. Clinical record review physician's assistant as 2023, and the physician 2023. Both visits indiction of the survey and neith off as complete and fine electronic record. Clinical record review medical visits in the as resident's electronic clinical record.	the Nursing Home ector of Nursing on A Director of Nursing visit assessments we lent's electronic med and a registered nur d revise the medical t documentation for for Resident 2 reveauses them on February and the progress and the progress and the progress are visit was locked on alized in the facility of the Resident 5 reveauses and the progress of the progress o	April 26, ere not ical se had Resident lled that a ruary 3, April 10, t the time or signed 's	F 0842			

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PLAN OF CORRECTION (POC) IDENTIFICA		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	CIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0842 SS=E	9, 2022, March 6, 2023 created by the physicia and April 13, 2023, vist the time of the survey. physician, but not lock electronic record. The visit indicated that it we the survey and was not complete and finalized record. An additional in physician's assistant dasigned but not locked or record. Clinical record review a physician's assistant and a signed but not locked or record. Clinical record review a physician's assistant and a signed but not locked or record. The physician's assistant and time of the survey. The physician's assistant, but the facility's electronic physician visit indicated the time of the survey and the	in. The December 9 sits indicated "in progress" at the March 6, 2023, phy as "in progress" at the locked or signed of in the facility's elected and march 3, 2023, por finalized in the elected and finalized in the elected attention on Desirated "in progress" at the locked or signed of in the facility's elected attention of the facility's elected attention of the elected	gress" at med by the he facility's sician's ne time of f as tronic l by the was ectronic ealed that exember at the y the halized in 2023, gress" at or signed	F 0842			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	395448				00	04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IIP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0842	Continued from page 31		F 0842				
SS=E	electronic record. Clinical record review a physician's assistant a 28, 2022. The visit ince time of the survey. The signed off as complete electronic record. A Jacussistant visit revealed time of the survey. The physician's assistant, but the facility's electronic. This surveyor reviewed an interview on April 22 the Director of Nursing acknowledged that the complete. 28 Pa. Code 211.5(f) Complete 22 Pa. Code 211.5(f) Complete.	assessed them on No licated "in progress" e visit was not locke and finalized in the anuary 13, 2023, phy that it was "in progre visit was signed by ut not locked and fin record. d the above informate 27, 2023, at 10:10 Alig. The Director of No resident's records we	ovember at the ad and/or facility's resician's ress" at the adized in adion during M with ursing				
	28 Pa. Code 211.12(d)	(5) Nursing services					

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PRINTED: 6/8/2023 FORM APPROVED 2567-L

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 395448 NAME OF PROVIDER OR SUPPLIER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/28/2023		
BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			1001 PINE STI RENOVO, PA	REET	ir CODE.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0881 SS=D				F 0881			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				CITY, STATE, Z REET	(X5) COMPLETE DATE		
F 0881 SS=D	Continued from page 33 483.80(a)(3) Antibiotic Stev §483.80(a) Infection preven The facility must establish a control program (IPCP) that following elements: §483.80(a)(3) An antibiotic includes antibiotic use prote antibiotic use. This REQUIREMENT is no	tion and control program in infection prevention a must include, at a mini- stewardship program the cols and a system to mo	and mum, the	F 0881	Wound on resident 19's left I been treated per physician instructions and has been monitored. After the initial oculture, physician discontinu cephalexin and started doxyo Physician also added ciproflor. Resident 19 is, and has been receiving weekly wound treathe left heal. Physician assess wound during each treatment Physician will enter progress for this wound by 05/13/202. The Infection Control Prever wrote a new policy specifying culture and sensitivities get in the ordering physician and howhen the Infection Prevention notified. Licensed nursing staff will be educated regarding the proper procedure for notifying the Infreventionist about culture as sensitivity results. Reporting of culture sensitivity.	wound led cycline. oxacin. attment to ssess the t. s note 3. attionist leg how reported ow and onist is e e er infection ind	Completion Date: 05/26/2023 Status: APPROVED Date: 05/12/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		395448		B. WING:	<u></u>	04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHIPS CROSS-REFERENCED TO THE ACTION OF T	OULD BE	(X5) COMPLETE DATE
F 0881 SS=D	Continued from page 34			been added as a Quality Indicator (QI) of the Quality Assurance program. The Infection Preventionist will monitor reporting of culture and sensitivities, date resulted, and date received and will report results in the monthly Quality Assurance meeting. The Infection Preventionist will continue to monitor reporting of culture sensitivities, date resulted, and date received until 100% compliance with the new culture and sensitivities reporting policy is attained and maintained for three (3)			

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PLAN OF CORRECTION (POC) IDEN		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	MP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0881 SS=D	Based on clinical recorit was determined that an antibiotic stewardsh system to effectively mof one resident reviews Findings include: Clinical review for Resphysician's order dated complete a wound cult Review of Resident 19 dated April 13, 2023, rwound grew many Proinfection). Further revidentified organism was Ciprofloxacin (an antibion April 13, 2023, the Ciprofloxacin 250 mill for a skin infection for Resident 19's April 2020.	the facility failed to approgram that inclination antibiotic usated (Resident 19). Sident 19 revealed a April 10, 2023, for ure of the left heel. Is laboratory final revealed that her left teus Mirabilis organiew revealed that the as resistant to treatment to treatment of the left heel. Is physician ordered igrams by mouth two 10 days. Review of the left had been supported by the left had been sup	maintain udes a age for one staff to port heel isms (an e) ent with	F 0881			

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NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER B. WING: 04/28/2023 STREET ADDRESS, CITY, STATE, ZIP CODE: 1001 PINE STREET	
STATE LICENSE NUMBER: 549602 RENOVO, PA 17764	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHOULD BE IDENTIFYING INFORMATION) TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0881 Continued from page 36 F 0881	
administration record, a form to document medication administration) revealed that staff administered Ciprofloxacin twice daily from April 13, 2023, at 9:00 PM to April 23, 2023, at 9:00 AM. There was no evidence that staff identified that Resident 19's skin infection was resistant to Ciprofloxacin prior to or throughout the medication administration. The surveyor reviewed this information during an interview with the Nursing Home Administrator and the Director of Nursing on April 27, 2023, at 1:00 PM. 28 Pa. Code 211.2(a) Physicians services 28 Pa. Code 211.10 (a) Resident Care Policies 28 Pa. Code 211.12 (a)(c)(1)(3)(5) Nursing services	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 395448			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/28/2023	
VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602		1001 PINE STI	REET	IIP CODE:		
§ 201.14(a) Responsibility (a) The licensee is responsible for the health are	of licensee. onsible for meeting the roof a facility as set forth bate and local agencies and welfare of residents.	FICIENCY R LSC minimum	ENCY C PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE P 0400 On the DOH survey it was found that a representative from Lab was		ound ab was from April at the ch was for Lab trol QA for E IC il r 4 e	COMPLETE DATE Completion Date: 05/19/2023 Status: APPROVED Date: 05/10/2023
DIRECTOR'S OR PROVIDER/SUPPLI	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
	VIDER OR SUPPLIER: L MEDICAL CENTER SE NUMBER: 549602 SUMMARY STATEMENT MUST BE PRECEEDI IDENTI \$ 201.14(a) Responsibility ((a) The licensee is resp standards for the operation of Department and by other St responsible for the health at This REGULATION is not	VIDER OR SUPPLIER: L MEDICAL CENTER SENUMBER: 549602 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) § 201.14(a) Responsibility of licensee. (a) The licensee is responsible for meeting the restandards for the operation of a facility as set forth to Department and by other State and local agencies responsible for the health and welfare of residents. This REGULATION is not met as evidenced by:	STREET ADDRESS, 1001 PINE ST RENOVO, PA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) § 201.14(a) Responsibility of licensee. (a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents.	VIDER OR SUPPLIER: L MEDICAL CENTER SENUMBER: 549602 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) § 201.14(a) Responsibility of licensee. (a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents. This REGULATION is not met as evidenced by:	VIDER OR SUPPLIER: L MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (a) The licensee is responsibility of licensee. (a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents. This REGULATION is not met as evidenced by: DEATH OF THE Lab manager will be must that lab representation is req IC meetings and will report at quarterly. The Lab manager will monit attendance of Infection Commeetings and will report at quarterly. The Lab manager will continuous attendance is consecutive for quarters. After 4 consecutive quarters QA reporting can be to random.	VIDER OR SUPPLIER 195448 STREET ADDRESS CITY, STATE, ZP CODE: 04/28/2023

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 395448			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/28/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
P 0400	Based on review of inf staff interview, it was a not comply with the re Infection Control Plan. Findings include: The Act 52 Infection Chealth care facility sho internal infection contrestablished for the purpand safety of residents should include a multicincluding a representatif applicable to the specific or the nursing head (ii) Administration repthe chief executive officer or the nursing home addition. Nursing staff that conficer or the nursing home addition.	Control Plan, states the uld develop and improl plan that should be pose of improving the and health care world disciplinary committaive from each of the cific health care facility come medical director esentatives that conficer, the chief finance liministrator and	nat a lement an se e health kers and ee following, lity: ef medical or ald include ial officer,	P 0400			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: 395448				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/28/2023	ΞY		
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, CITY, STATE, ZIP CODE: 1001 PINE STREET RENOVO, PA 17764					
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
P 0400	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION) Continued from page 2 nursing or a nursing supervisor (v) Pharmacy staff that could include the clipharmacy (vi) Physical plant personnel (vii) A patient safety officer (viii) Members from the infection control t which could include an epidemiologist. (ix) The community, except that these representatives may not be an agent, employ contractor of the health care facility. Review of infection control meeting minute attendance records from June 2022 through 2023, revealed the infection control commit meets monthly. There was no evidence lab personnel attended any of the meetings in the frame reviewed. The above information was reviewed with the Nursing Home Administrator and Director of Nursing on April 27, 2023, at 2:00 PM.		team, byee, or es and in March ittee boratory the time	P 0400				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER		.: A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:			
		395448		B. WING: _		04/28/2023	
BUCKTAI	VIDER OR SUPPLIER: L MEDICAL CENTER E NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	ZIP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
P 0605	§ 201.22(e) Prevention, control and surveillance of TB. (e) The 2-step intradermal tuberculin skin test shall be the method used for initial testing of residents and employes. If the first test is positive, the person tested shall be considered to be infected. If the first test is negative, a second test should be administered in 13 weeks. If the second test is positive, the person tested shall be considered to be previously infected. If the second test result is negative, the person is to be classified as uninfected. This REGULATION is not met as evidenced by:		P 0605	A 2-step intradermal tuberculin skin test shall be verified on every employee upon hire. If the first test is negative the next test will be administered in 1-3 weeks. The PPD administration dates will be monitored by the Employee Health Nurse. It will be verified that the 2-step test was administered in the appropriate time period of 1-3 weeks. The Employee Health Nurse will monitor the dates of PPDs and report them, monthly in QA. Appropriate PPD administration will continue to be monitored and reported in QA consecutively for 6 months, and then can be moved to random.		Completion Date: 05/19/2023 Status: APPROVED Date: 05/10/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 395448			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/28/2023		
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602			STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
P 0605	interview, it was detern complete a two-step tu hire for two of five em 3 and 4). Findings include: Review of Employee 3 file revealed that the fa 27, 2022. The facility June 9, 2022, and anot October 11, 2022. The that the facility complet to the June 9, 2022, The facility complete the June 9, 2022, The facility complete the June 9, 2022, The facility complete 3's TB states and the facility complete 4 revealed that the facility complete 2023. The facility complete 2023. The facility complete 2023.	Based on employee's personnel file review interview, it was determined that the facility complete a two-step tuberculosis (TB) test hire for two of five employees reviewed (E 3 and 4). Findings include: Review of Employee 3's, housekeeping, perfile revealed that the facility hired them on 27, 2022. The facility completed a single T June 9, 2022, and another single TB test on October 11, 2022. There was no document that the facility completed a two-step TB test to the June 9, 2022, TB status upon hire. Review of Employee 4's, maintenance, persevealed that the facility hired them on Janua 2023. The facility completed a single TB test on May 2, 2022, and another single TB test on		P 0605			

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395448			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/28/2023	
NAME OF PROVIDER OR SUPPLIER: BUCKTAIL MEDICAL CENTER STATE LICENSE NUMBER: 549602		STREET ADDRESS, 1001 PINE ST RENOVO, PA	REET	IP CODE:			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
P 0605	Continued from page 5 May 2, 2022, TB test or obtained verification of Employee 4's TB status upon hire. The surveyor reviewed this information during an interview with the Director of Nursing on April 28 2023, at 10:50 AM.		ring an	P 0605			

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Certified End Page

BUCKTAIL MEDICAL CENTER

STATE LICENSE NUMBER: 549602 SURVEY EXIT DATE: 04/28/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY